

State of California—Health and Human Services Agency
Department of Health Services



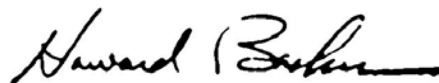
Governor

February 28, 2006

IZB-FY0506-14

TO: California Vaccines for Children (VFC) Program Providers

FROM: Howard Backer, M.D., M.P.H., Chief,
Immunization Branch



SUBJECT: Combined Measles, Mumps, Rubella, and Varicella (MMRV) Vaccine

MMRV One-Page Highlights:

In September 2005, the Federal Food and Drug Administration (FDA) licensed a live, attenuated measles, mumps, rubella, and varicella (MMRV) vaccine [*Proquad*®, Merck & Co., Inc., Whitehouse Station, New Jersey]. MMRV has the potential of reducing the number of injections needed for routine childhood vaccination.

- Who should get MMRV?
 - Children aged 12 months to 12 years who need a first dose of measles, mumps, rubella (MMR), and varicella vaccine.
 - Children aged 12 months to 12 years who need a second dose of MMR and either a first or second dose (as indicated) of varicella vaccine.
- The vaccine reactions and immunity from MMRV are comparable to those from varicella and MMR vaccines given separately.
- MMRV is administered subcutaneously.
- **Reconstituted MMRV must be discarded if not used within 30 minutes. We now recommend storage of all live vaccines (MMR, MMRV, and varicella) in the freezer at 5° F or below to prevent damaging varicella and MMRV through inadvertent refrigeration.**

Additional Information is available on the web about:

- MMRV: <http://www.cdc.gov/mmwr/PDF/wk/mm5447.pdf>
- MMRV product insert: <http://www.fda.gov/cber/label/mmrvmr090605LB.pdf>
- Advisory Committee on Immunization Practices (ACIP) recommendations on measles, mumps, and rubella: <http://www.cdc.gov/mmwr/PDF/rr/rr4708.pdf>.
- ACIP varicella recommendations: <http://www.cdc.gov/mmwr/PDF/rr/rr4511.pdf>
- 2006 Recommended Childhood and Adolescent Schedule:
<http://www.cdc.gov/mmwr/PDF/wk/mm5451.pdf>

Additional details about MMRV:**Potential Vaccine Reactions**

Potential reactions to MMRV have been studied in children between 12-23 months of age. 4,497 children were given MMRV vaccine, and 2,038 were given varicella and MMR vaccines separately. Local and systemic reactions were comparable except for the following:

Vaccine received	MMRV	MMR + Varicella
Potential reaction		
Fever of $\geq 102^{\circ}\text{F}$	21.5%	14.9%
Measles-like rash	3.0%	2.1%
Rash at Injection-site	2.3%	1.5%

More information is available at <http://www.cdc.gov/mmwr/PDF/wk/mm5447.pdf>.

Contraindications and Precautions to MMRV

Contraindications:	Precautions:
Pregnancy	Tuberculosis treatment
Moderate or Severe Acute Illness	Egg allergies
Neomycin allergy	Gelatin allergies
Severely immunocompromised	Thrombocytopenia
	Leukemia (in remission)

More information is available at <http://www.cdc.gov/mmwr/PDF/rr/rr4708.pdf> and <http://www.cdc.gov/mmwr/PDF/rr/rr4511.pdf>.

Storage and Handling

The vaccine is supplied as a package of 10 single-dose vials of lyophilized vaccine and a separate package of 10 vials of sterile water diluent. It should be reconstituted with the packaged diluent. Before reconstitution, the vaccine must be stored frozen at an average temperature of $<5^{\circ}\text{F}$ ($<-15^{\circ}\text{C}$). Diluent is stored separately at room temperature ($68-77^{\circ}\text{F}$, $20-25^{\circ}\text{C}$) or refrigerated ($36-46^{\circ}\text{F}$, $2-8^{\circ}\text{C}$).

Reconstituted MMRV must be discarded if not used within 30 minutes.

Note difference from varicella vaccine which can be stored in the refrigerator for up to 72 hours and MMR, which can be refrigerated for up to 8 hours after reconstitution. Please note this important difference. We recommend storage of all live vaccines (MMR, MMRV, and varicella) in the freezer at 5°F or below (to prevent damaging varicella and MMRV through inadvertent refrigeration).

February 28, 2006

Ordering Information

VFC providers may order MMRV using the attached order form. Please be sure to take into account your current inventory of MMR and varicella when placing your initial order. Maintain a copy of your order form for your files. Please be aware that your orders of MMRV may be adjusted, especially in this introductory phase.

Billing Information

CHDP: Claims may be submitted for doses of MMRV administered on or after March 1, 2006. The CHDP administration fee is \$9.00 using CHDP code **74**. However, providers should wait until notified by CHDP to submit claims. CHDP Provider Notices can be found at <http://www.dhs.ca.gov/pcfh/cms/chdp/publications.htm>.

Medi-Cal: MMRV is a covered benefit for the VFC program. A CPT code for MMRV for use in individuals, beginning at 12 months through 12 years of age will be issued. For an interim period, this drug will be billed with CPT-4 code **90749 (unlisted vaccine/toxoid) and modifier -SL (VFC-supplied vaccine)** retroactive to dates of service on or after March 1, 2006. Once the new CPT code is determined, Medi-Cal Providers will be notified through Medi-Cal's **General Medicine (GM) Bulletins**. These bulletins can be found at

http://files.medical.ca.gov/pubsdoco/Pubsframe.asp?hURL=/pubsdoco/all_bulletins.asp&Type=gm.

For additional information, contact your local VFC Representative or the VFC customer service line at (877) 243-8832.

Enclosure: Vaccine Order Form

cc: DHS, Immunization Branch Field Representatives
Local Health Officers
Local Health Department Immunization Coordinators
Local Health Department CHDP Program Directors
Vanessa Baird, Chief, Medi-Cal Managed Care Division, DHS
Marian Dalsey, M.D., Acting Chief, Children Medical Services Branch, DHS
Linda Rudolph, M.D., Chief Medical Officer, Medi-Cal Managed Care, DHS
Susann Steinberg, M.D., Chief, Maternal, Child and Adolescent Health/Office of Family Planning Branches, DHS
Villita Lewis, Deputy Director, Benefits and Quality Monitoring, MRMIB
Marcia Ehinger, M.D., Medi-Cal Benefits Branch, DHS
Kathy Chance, M.D., Children Medical Services Branch, DHS

VACCINES FOR CHILDREN (VFC) PROGRAM VACCINE ORDER FORM

NAME OF PHYSICIAN'S OFFICE, PRACTICE, CLINIC, ETC.

PIN (6 digit)

COUNTY

DELIVERY ADDRESS (Number and Street—No P.O. Boxes)

☐ CHECK HERE IF THIS IS A
NEW ADDRESS.

CITY

CHDP MEDI-CAL PROVIDER

☐ Yes ☐ No

ZIP CODE

DELIVERY: Please specify all days
and times you may receive vaccine.


DAY AND TIME

☐ Tue.

DAY AND TIME

☐ Wed.

DAY AND TIME

☐ Thu.

DAY AND TIME

☐ Fri.

CONTACT PERSON

TELEPHONE

FAX

Vaccines¹

Write in the name of the manufacturer
you prefer (if any) for DTaP, hepatitis A,
hepatitis B, Hib, and Tdap vaccines in the
indicated spaces below.

**YOU MUST COMPLETE ALL THE BOXES IN THE FOUR
COLUMNS BELOW FOR VFC TO PROCESS YOUR ORDER.
(EVEN IF YOU ARE ONLY ORDERING ONE VACCINE)**

Number of Doses
(VFC Only) Used
Since Last Order
Enter "0" if None

VACCINE INVENTORY

Number of Doses
(VFC Only) On-Hand

Lot Number

Expiration Date

Vaccine Shipped
in Vials of the
Following Sizes

**New Vaccine
Order
(Minimum 10
doses except
LAIV 20 doses
minimum)
Order in multiple
of 10 doses**

REGULAR ORDER VFC VACCINES

DTaP (Preferred Mfr.: _____)					10 x 1 dose vial	doses
DTaP/Hepatitis B/IPV Combination					10 x 1 dose vial	doses
Hepatitis A (Age 12 months–18 years) (Preferred Mfr.: _____)					10 x 1 dose vial	doses
Hepatitis B (Pediatric/Adolescent) (Preferred Mfr.: _____)					10 x 1 dose vial	doses
Hepatitis B/Hib Combination					10 x 1 dose vial	doses
Hib (Preferred Mfr.: _____)					10 x 1 dose vial 5 x 1 dose vial	doses
IPV (Inactivated Polio Vaccine)					10 dose vial	doses
Meningococcal Conjugate (ONLY for adolescents 11–18 years of age)					5 x 1 dose vial	doses
Pneumococcal Conjugate					5 x 1 dose vial	doses
Td–Preservative Free (Age 7–18 years)					10 x 1 dose syringe no needle	doses
Tdap (Adolescent Td with acellular pertussis [booster] ages 10–18 years) ² (Preferred Mfr.: _____)					10 x 1 dose vial	doses

MUST BE STORED IN THE FREEZER

MMR (Combined Measles, Mumps, and Rubella)					10 x 1 dose vial	doses
Varicella (Chickenpox)					10 x 1 dose vials	doses
MMRV (Combined Measles, Mumps, Rubella, and Varicella [Chickenpox] vaccines for children 12 mos to 12 years)					10 x 1 dose vial	doses

IMPORTANT **IF THE SPECIFIC VACCINE MANUFACTURERS I HAVE INDICATED ABOVE ARE NOT AVAILABLE:**
☐ Send another manufacturer's vaccine. ☐ Send the manufacturer's vaccine I requested when it is available.

SPECIAL ORDER VFC VACCINES (These vaccines are available only for special circumstances.)

Influenza—Preservative Free (Order Aug.–Jan.) (Licensed for use 6–35 months of age)					10 x 1 Tip Lok® no needle syringe	doses
Influenza (Order Aug.–Jan. for ACIP rec. VFC children 36 months–18 years of age)					10 dose vial	doses
LAIV—Intranasal (Order Aug.–Jan. for ACIP rec. HEALTHY children 5–18 years of age)					10 pack x 1 dose sprayers	doses

Notes #1: Toxoids and vaccines not available through the VFC Program: DT-Pediatric, DTaP-Hib, OPV, tetanus, measles, MR (measles-rubella), mumps, and rubella vaccines, HBIG, and PPD.

Notes #2: Read the package insert to see if the product selected can be given at 10 years of age.

Instructions: 1. Please Print or Type.

- Order no more than once every two months (i.e., no more than six times per year).
Place your order with sufficient stock on hand to allow at least 30 days for
delivery. (It should not take 30 days to deliver vaccine, but this will
prevent you from running out of vaccine if there is a delay in filling your order.)
- Fax your order to the VFC Program.

Questions: Toll-free: 877-2Get-VFC (877-243-8832)

FAX orders to: Toll-free: 877-FAXX-VFC (877-329-9832)



STATE USE ONLY

ASSIGNED		
APPROVED		
ASSIGNED		
ENTERED		
SHIPPED		

VFC Program • California Department of Health Services, Immunization Branch
850 Marina Bay Parkway, Building P • Richmond, CA 94804